

**PRINCIPLES, STANDARDS, AND GUIDELINES
FOR SCHOOL-BASED HEALTH CENTERS IN LOUISIANA**

**Louisiana Department of Health and Hospitals,
Office of Public Health
and
Louisiana Assembly on School-Based Health Care**

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PRINCIPLES, STANDARDS, AND GUIDELINES FOR SCHOOL-BASED HEALTH CENTERS IN LOUISIANA

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I. Principles and Values of Louisiana School-Based Health Centers*

*Adapted from "School Health Policy Initiative," Center for Population and Family Health, Columbia University School of Public Health.

School-Based Health services should be developed based on local assessment of needs and resources. At the local level schools having students with the highest prevalence of unmet medical and psychosocial needs should receive top priority for establishment of a Center. This principle also guides the OPH selection process.

The Center should be available to and accessible by all currently enrolled students.

If possible the Center should provide services to out-of school adolescents and dependents of students (e.g., children). A Center may also provide services to students in other schools particularly nearby preschool, primary/elementary, junior/middle and high school students.

School-Based Health Centers should be organized through school, parents, business and community leaders, health, mental health, and social service provider relationships. A representative Community Advisory Committee is an essential component of the successful development and operation of a Center.

Each School-Based Health Center should form and maintain a broad based Community Advisory Committee to advise and assist in the development and operation of the program.

The School-Based Health Center should provide comprehensive primary medical, social, and mental health services, as well as health education, promotion, and prevention services designed to meet the psychosocial and physical health needs of students in the context of their family, culture, and environment. These services must conform with state and local laws, regulations and community practices.

The School-Based Health Center should be respectful of individual family values and diversity

throughout all planning and delivery of services. The Health Center must recognize that the child=s health and well-being is the ultimate responsibility of the parents. The Center=s role is to support parents in meeting this responsibility.

Parental consent must be required by every School Health Center prior to enrolling a student as a patient. A parent or guardian must sign a written consent form, approved by school authorities, for a student to receive Health Center services. Parents may indicate which services they do or do not wish their children to receive at the Center. No child is treated, counseled or referred without prior parental consent, except in an emergency situation.

The School-Based Health Center and the school must be committed to operating with mutual respect and a spirit of collaboration. The school/school district should facilitate and promote the utilization of the Center=s services.

The School-Based Health Center must be integrated into the coordinated school health program of its host school. Schools with an on-site Health Center should have or be working towards a school health program that includes environment and curriculum. School Health Center planning, services, and programs should be coordinated with school personnel, including the school nurse, the school social worker, and counselors and other community agencies and service providers located at the school site.

The School-Based Health Center and all partners involved in service delivery must develop policies and procedures to ensure confidentiality and privacy. Health Center practice and written policies should be designed to protect the confidentiality and privacy of service delivery and health records. SBHCs are required to comply with the Health Insurance Portability and Accountability Act (HIPAA) and any and all applicable medical privacy statutes.

School-Based Health Center services should be provided by a multi-disciplinary team that includes medical and mental health professionals. To the extent feasible, service providers should also be drawn from the fields of health education and nutrition.

The School-Based Health Center must arrange for 24-hour access to services when the school or Health Center is closed. This may be done through an on-call system of Health Center staff or other providers or through a back-up health facility. The Center shall have in place and publicize telephone answering methods that notify students and parents/guardians of where and how to access the back-up services.

The School-Based Health Center should be designed to complement services provided by existing health care providers and serve as a source of primary and preventive care for children. The Health Center must work with the primary care providers to coordinate care with students= principal providers, including the CommunityCARE providers, social services agencies, mental health providers, and other agencies, programs, and organizations.

The School-Based Health Center should educate the wider community and the school concerning the health needs of youth and children. The Health Center should participate in data collection and record keeping systems and should distribute information about services delivered.

II. Standards for Louisiana School-Based Health Centers

PRIMARY GOAL:

To provide convenient access to primary and preventive care for students who might otherwise have limited or no access to health care. To meet the physical and emotional health needs of adolescents at their school site.

SELECTION CRITERIA:

Criteria for awarding state funds to local Health Center initiatives include socioeconomic need of the community, lack of access to health services by the adolescent student population, community support, working relationship between the health and education agencies, and likelihood of Health Center sponsors fulfilling service goals and objectives.

COMMUNITY PARTICIPATION:

All Health Centers must originate as a community initiative. State funding is dependent upon evidence of broad community participation in the planning process and on the Center's Community Advisory Committee, including parents, students, civic, business and religious leaders.

SPONSORING AGENCY:

The sponsoring agency shall be a non-profit public or private institution locally suited and fiscally viable to administer and operate a Health Center serving the needs of adolescents (i.e., health center, hospital, medical school, health department, youth serving agency, school or school system). Non-medical agencies must contract the medical component with a qualified medical provider; the medical providing agency must have a formal agreement with the host school district. The preparation of the physical site and provision of cost of continued utilities and maintenance of the site is the responsibility of the School Board. The contractor must maintain compliance with the state's reporting requirements. The agency must also provide information to the school system regarding liability issues and other recurring cost obligations. Every recipient community is required to provide a 20% financial match of the OPH grant award. The sponsoring agency shall work toward financial self-sufficiency, in the most cost effective manner possible. Finally, applicants for funds must demonstrate that the services to be provided do not duplicate existing services available and are accessible to the students they intend to serve.

OPERATING POLICIES:

Centers must be open to meet students' needs for services. Centers must function as an integral component of a school's comprehensive health program and work cooperatively with school nurses, counselors, classroom teachers, coaches, principals and physical, speech and occupational therapists. It is the policy of School-Based Health Centers to promote abstinence as the method for preventing pregnancy and diseases. Centers are prohibited by State law from distributing contraceptives or abortifacient drugs or devices, and from counseling or advocating abortion, or referring any student to an organization for counseling or advocating abortion. A clear statement of these prohibitions of School-Based Health Centers must be posted in the Center. The staff shall be required to sign documents pledging to comply with all policies and procedures of the School-Based Health Center. In addition, the Center must be certified as both Medicaid and KIDMED providers.

PARENTAL CONSENT:

A parent or guardian must sign a written consent form, approved by school authorities, for a student to receive Health Center services. Parents may indicate which services they do or do not wish their children to receive at the Center.

SERVICES:

Services provided should include, but need not be limited to primary and preventive health care and medical screenings; treatment for common illnesses and minor injuries; referral and follow-up for serious illnesses and emergencies; on-site care and consultation, as well as referral and follow-up for pregnancy, chronic diseases and disorders, and emotional and behavioral problems; on-site referral and care for drug and alcohol abuse and sexually transmitted diseases; sports and employment physicals; immunizations; preventive services for high-risk behaviors and conditions such as pregnancy, sexually transmitted diseases, drug and alcohol abuse, violence, and injuries; and laboratory testing.

STAFFING:

Health care providers at each Center should include, at a minimum, a registered nurse with experience in caring for adolescents; one or more primary care providers (nurse practitioner, physician assistant, physician); a medical director; and a Master's level social worker or mental health professional. The Health Center staff should also include an administrator and a medical office assistant. The school nurse should work with School-Based Health Center personnel. (See staffing, section III B, for details.)

CONTINUUM OF CARE:

Centers must execute cooperative agreements with community health care providers to link students to support and specialist services not provided at the school site. Centers must arrange 24-hour coverage ensuring that students have access to services during non-operating hours, i.e., nights, weekends, holidays, etc.

EVALUATION AND PERFORMANCE IMPROVEMENT:

Every Center is required to (1) submit and adhere to annual objectives and a plan for monitoring and evaluation of such objectives; (2) participate in the Clinical Fusion data collection system; (3) submit monthly and quarterly progress reports; (4) develop and maintain financial mechanisms; (5) abide by written policies and procedures; (6) participate in the Louisiana School-Based Health Center Network in its efforts to maintain and improve quality of care; (7) successfully complete the LA Program Effectiveness Review Tool (quality assurance); and (8) post the telephone number of either the SBHC sponsor or the ASHI Program Office to which violations of compliance or other complaints can be reported. Compliance audits shall be conducted at regular intervals, and documentation and evaluation of compliance shall be available for review at each Center and at the Office of Public Health.

III. Guidelines for School-Based Health Centers: Administrative

A. Relationships

1. School-Based Health Centers are organized through family, school, community, and health provider relationships. There should be established relationships with:

- a. The student's family**

School-Based Health Center providers should make every effort to involve the student's family, in regard to the care of the student. Whenever possible, parents/guardians should receive prior notification of any services to be provided to a child and should be given the option of joining their child when the services are rendered. Being family-centered means that policies regarding access, availability, and flexibility take into consideration the various structures and functions of families in the community being served. Providing primary care means understanding the nature, role, and impact of a child's health, illness, disability, or injury in terms of the family's structure, function, and dynamics.

- b. The school, school board and school district**

No site can operate without the consent of the school board. All SBHCs must operate as a partnership between the school and the health care provider.

The School-Based Health Center is integrated into the school environment, and both are committed to operating with mutual respect and a spirit of collaboration. The school assists the Health Center in many ways, including:

1. marketing the School-Based Health Center;
2. helping to obtain informed parental consent;
3. helping to obtain information on insurance status and on Medicaid/LaCHIP status, including enrollment in a managed care plan;
4. providing access to school health records;
5. maintaining the facility;
6. providing space at no cost; and
7. collaborating in the establishment of a Coordinated School Health Program Advisory Board.

The partnership between the school district and the School Health Center should include the following:

1. there should be a current Memorandum of Understanding (MOU) between the health care provider and the school district;
2. meetings between the school district and/or school building administration and the health care provider should be held on a regular basis;
3. methods for addressing priorities and resolving differences should be spelled out in the MOU;
4. the MOU should provide assurances that there will be a collaborative relationship between the SBHC staff and school personnel such as health educators, school nurses, drug abuse counselors, social workers, etc; and
5. the MOU should describe how the provider will provide 24-hour access

to services when the School-Based Health Center is closed.

The Health Center's relationship with the school involves routinely publicizing Center services to the student body as a whole at least twice a year. Methods of outreach include:

1. contacts during school registration;
2. PTA meeting attendance;
3. mail outs/send home notes;
4. bulletin boards/posters;
5. student newspapers; and
6. teacher/staff referrals.

c. The community

The comprehensive School-Based Health Center recognizes that it functions within the community and should draw upon and contribute to its resources. The SBHCs' programs and services will reflect the health needs and concerns of the community.

d. The back-up facility

The SBHC must provide information on resources for a 24-hour back-up facility that provides care when the school is closed.

e. The child's regular source of primary health care

Policies and procedures should be in place to assure that there is communication with the student's parents and/or other health care provider (if the child has one outside of the SBHC) to ensure that the child obtains all needed services and to prevent duplication. Procedures should be in place regarding the sharing of medical records in accordance with confidentiality laws.

f. Local Children with Disabilities Program-Office of Public Health Regional Program for Children with Special Health Needs (CSHN)

g. School-based and other health providers serving students with Individualized Education Plans (IEP)

h. Local Department of Social Services

i. Local Offices of Public Health, Mental Health, and Addictive Disorders

A memorandum of understanding (MOU) should be in place to assure that the SBHC and the Parish Health Unit coordinate rather than duplicate provision of mandated health services when those health services are the obligation of the Parish Health Unit (PHU). The MOU should indicate whether the SBHC or the PHU is responsible for assuring that children obtain necessary physical examinations, immunizations, and screenings required for entry into school.

B. Staffing

The comprehensive School-Based Health Center (SBHC) services are provided by a multi-

disciplinary team. The staffing requirements for Louisiana SBHCs are as follows for medical, mental/behavioral, and administrative personnel. Staffing patterns must conform to one of the following types of medical and mental/behavioral health models.

1. Primary Care Medical Staff

Type 4

1. Nurse Practitioner
 - a. licensed to practice in Louisiana
 - b. maintains prescriptive authority
 - c. provides comprehensive primary and preventive health care
 - d. available at one full-time equivalent per 700-1500 students enrolled in the Center

AND

2. Physician/Medical Director (MD)
 - a. licensed to practice in Louisiana
 - b. provides supervision and medical consultation as per the MD/APRN collaborative agreement and state standards for APRN
 - c. available to provide primary and preventive health care as needed per the MD/APRN collaborative agreement and state standards for APRN

OR

3. Physician/Medical Director (MD)
 - a. licensed to practice in Louisiana
 - b. provides primary and preventive health care at a minimum of 32 hours per week per site

Type 3

1. Nurse Practitioner
 - a. licensed to practice in Louisiana
 - b. maintains prescriptive authority
 - c. provides comprehensive primary and preventive health care
 - d. available at a minimum of 12 hours per week per site

AND

2. Physician/Medical Director (MD)
 - a. licensed to practice in Louisiana
 - b. provides supervision and medical consultation as per the MD/APRN collaborative agreement and state standards for APRN
 - c. available to provide primary and preventive health care as needed per the MD/APRN collaborative agreement and state standards for APRN

OR

3. Physician/Medical Director (MD)
 - a. licensed to practice in Louisiana
 - b. provides primary and preventive health care at a minimum of 12 hours per week per site

Type 2

1. Nurse Practitioner or Physician Assistant
 - a. licensed to practice in Louisiana
 - b. prescriptive authority preferred
 - c. provides comprehensive primary and preventive health care
 - d. available at a minimum of 8 hours per week per site

AND

2. Physician/Medical Director (MD)
 - a. licensed to practice in Louisiana
 - b. provides supervision and medical consultation as per the MD/APRN collaborative agreement and state standards for APRN
 - c. available to provide primary and preventive health care at a minimum of 4 hours per week per site or 8 hours every other week per site and must meet state standards for APRN

OR

3. Physician/Medical Director (MD)
 - a. licensed to practice in Louisiana
 - b. provides primary and preventive health care at a minimum of 8 hours per week per site

Type 1

1. Physician/Medical Director (MD)
 - a. licensed to practice in Louisiana
 - b. one or more physicians provide supervision, medical consultation and primary and preventive health care
 - c. available at a minimum of 4 hours per week per site

Additional Medical Service Provider

1. Registered Nurse (RN)
 - a. licensed registered nurse in Louisiana
 - b. Bachelor of Science in Nursing preferred
 - c. provides direct service
 - d. is available at one full-time equivalent (FTE) per 700 - 1500 students enrolled in the Center
- (Exception: In Type 4, an RN is not required if the NP is full-time.)**

Summary for Medical Staffing Pattern:

A. Summary for full-time SBHC (35-40 hours per week):

Type	Provider Hours (minimum per site)		
	NP	MD	RN
4	35-40/week	as needed per collaborative agreement	-----
3	12/week	as needed per collaborative agreement	35-40/week
2	8/week (PA acceptable)	4/week or 8 every other week	35-40/week
1	----	4/week	35-40/week

OR

Type	Provider Hours (minimum per site)	
	MD only	RN
4	32/week	35-40/week
3	12/week	35-40/week
2	8/week	35-40/week
1	4/week	35-40/week

B. Summary for part-time SBHC (20-25 hours per week):

Type	Provider Hours (minimum per site)		
	NP	MD	RN
4	20-25/week	as needed per collaborative agreement	-----
3	6/week	as needed per collaborative agreement	20-25/week
2	4/week (PA acceptable)	2/week or 4 every other week	20-25/week
1	----	2/week	20-25/week

OR

Type	Provider Hours (minimum per site)	
	MD only	RN
4	16/week	20-25/week
3	6/week	20-25/week
2	4/week	20-25/week
1	2/week	20-25/week

2. Behavioral Health Counselor

Without prior OPH-ASHI authorization, all SBHCs must provide a minimum of one full-time (as defined by the local school system) qualified professional providing direct mental/behavioral health care which includes the psychosocial assessment, treatment plan, progress/follow-up notes, and any activity related to the well-being of the child that is documented in the chart; but, excludes all administrative duties which are not documented in (or directly related to) the treatment plan.

Type A

SBHC services provided by a mental health professional **licensed** in Louisiana as either a Board Certified Psychiatrist, Clinical Psychologist, Professional Counselor (LPC), or Clinical Social Worker (LCSW). Preferably the clinician will have experience in child and adolescent behavioral health.

Type B

SBHC services provided by a non-licensed, but academically qualified mental health professional (i.e., a graduate from an accredited institution) who is progressing towards a written plan for obtaining a license. This includes a collaborative practice agreement for at least 2 to 4 hours per calendar month (as required per the State Board of Social Work Examiners) of direct clinical supervision by a professional licensed in Louisiana as either a Clinical Psychologist, Professional Counselor (LPC) or a Clinical Social Worker (LCSW), who is also a Board approved supervisor.

In the case of a social worker seeking licensure, he/she must hold a Master=s degree in social work and either be certified or provisionally certified as a graduate social worker (GSW) working within an agency and under the supervision of an LCSW (as per the Louisiana social work practice act).

In the case of a professional counselor seeking licensure, he/she must hold at least a Master=s degree in counseling, be eligible for supervision to become an LPC, i.e., previous completion of a supervised practicum and internship, and be under the direct supervision of a board approved LPC supervisor (as per the Louisiana administrative code for licensed professional counselors).

AND

All SBHC employees hired before June 30, 2000 must obtain a license by June 30, 2006. Any SBHC employee hired after July 1, 2000 must obtain a license within six years of the hire date.

AND

To verify that the non-licensed professional is providing qualified clinical services, the board approved supervisor must regularly review psychosocial charts.

Summary for Behavioral Health Counselor:

- A. Summary for full-time SBHCs (35-40 hours per week):
35-40 hours per week
- B. Summary for part-time SBHCs (20-25 hours per week):
20-25 hours per week

3. Clinic Coordinator/Receptionist

Shall be available at one FTE per 700-1500 enrolled students to welcome and register students into the Center; and work with staff in areas such as patient flow, appointment setting, checking insurance, recalling students, immunization records, data collection, and state reporting requirements.

4. Program Manager

An administrator shall be employed to supervise clinic operations, analyze data, prepare annual

budget, staff community advisory committee, coordinate quality assurance, conduct needs assessment and satisfaction surveys, act as liaison with school(s), etc.

The following staff should be provided according to local need and feasibility:

1. Health Educator

- a. provides individual and group health education, as well as classroom education where possible; and
- b. needs to be trained specifically in health education.

2. Behavioral Health Supervisor (may be available in larger metropolitan areas)

- a. is a doctorate-level professional (psychiatrist, psychologist); and
- b. provides consultative services for the Behavioral Health Counselor.

3. Community Outreach Worker

- a. coordinates social service assessments, referrals, and follow-ups.

4. School Nurse (RN)

- a. provides triage in School-Based Health Center when PA or SBHC RN is not on site, if located in the SBHC; and
- b. refers students to the SBHC as appropriate for evaluation and treatment or follow-up.

5. Nutritionist

6. Dentist

7. Dental Hygienist

C. Organization and Function

1. Organizational Structure

There should be an organizational chart reflecting clear lines of authority for the administration of the School-Based Health Center, as well as the roles of the back-up provider, the SBHC, and the school. This chart should be reviewed periodically and revised as needed.

2. Community Advisory Committee

The SBHC should have a Community Advisory Committee that is representative of the constituency and is oriented to comprehensive school health. Community Advisory Committee meetings should be scheduled on a regular basis and minutes from meetings should be distributed to all who participate. Advisory Committee membership can include school staff, community members, health providers, parents and students. The Advisory Committee should be involved in program planning and development, identification of emerging health issues and appropriate interventions, assisting in identifying funding for the School-Based Health Center, and providing advocacy for the program.

3. Policies and Procedures

There should be a clear statement or manual of all SBHC policies and procedures, including specification of who is responsible for a given policy or procedure. Policies and procedures reviewed annually and dated include the following:

- a. the program assures employment without regard to race, color, religion, sex, national origin, veteran status, political affiliation, disabilities, age or an individual=s sexual orientation;

- b. standards should exist for provider qualifications, which should be reviewed and updated routinely;
- c. job descriptions, curricula vitae, resumes, and annual performance evaluations should be on file with the program;
- d. procedures should be established for orientation, on the job training, and continuing education of staff;
- e. Nurse Practitioner/Physician Assistant protocols and Registered Nurse clinical guidelines/standing orders should be current and signed by the SBHC medical director; RN Clinical Guidelines must cover all topics in Appendix A.
- f. there should be a listing of manual procedures which adequately describes all the procedures to be done (i.e., cleaning of exam rooms), consistent with the prevailing practice;
- g. there should be a policy on parental consent;
- h. medical records should be maintained in accordance with Louisiana Law; and
- i. emergency kit policy promulgated by OPH-ASHI in Appendix B.

4. Fiscal Operations & Data Management

Quality Assurance of these areas is monitored by the State of Louisiana Department of Health and Hospitals, Office of Public Health, Adolescent School Health Initiative Program.

D. Quality Assurance Activities

1. There should be one person designated as the quality assurance coordinator. Each SBHC should have a quality assurance committee that meets at least quarterly. The committee membership should reflect expertise from health related disciplines as well as representatives from the school and community.

2. There should be written specified quality assurance policies and procedures which include:

- a. provider licensing credentials and maintenance;
 - 1. documentation of skills and orientation (including confidentiality information, review of policy and procedure manual, protocols and standing orders as appropriate, mentoring by other staff, etc.)
- b. continuing education;
 - 1. CPR training as required by sponsoring agency
 - 2. review of CLIA precautions
- c. pre-employment procedures as required by the sponsoring agency;
- d. staff and program evaluation;
- e. chart review criteria;
- f. selection on clinical issues/investigation;
- g. complaint and incident review; and
- h. corrective actions and time frame.

3. Evaluation and Performance Improvement:

- a. All School-Based Health Centers in Louisiana receiving funding from the Office of Public Health are required to complete and submit the Louisiana Program Evaluation Review Tool (LAPERT) to the Office of Public Health, Adolescent School Health Initiative Program, and to internally review and update this information to OPH on a yearly basis. The**

LA SBHCs will be site visited every three years by a team of health care professionals using the information submitted on the LAPERT.

b. LA SBHCs are required to:

- * Participate in the Clinical Fusion data collection system;
- * Submit monthly and quarterly progress reports;
- * Develop and maintain financial mechanisms;
- * Abide by written policies and procedures;
- * Participate in the Louisiana School-Based Health Center Network efforts to maintain and improve quality of care;
- * Post the telephone number of either the SBHC sponsor or the ASHI Program Office (1-800-240-0463) to which violations of compliance or other complaints can be reported.

c. Compliance audits shall be conducted at regular intervals and documentation and evaluation of compliance shall be available for review at each Center and at the Office of Public Health.

d. Accreditation:

1. LA SBHCs must meet the criteria to qualify for accreditation required by the sponsoring agency (e.g., if the sponsoring agency for the SBHC is a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the SBHC must meet the JCAHO criteria for accreditation).
2. SBHCs may be required by other funding agencies to meet other health care quality assurance measures.

IV: Guidelines for School-Based Health Centers: Medical/Clinical

A. Services

The comprehensive School-Based Health Center provides age-appropriate primary health, mental/behavioral health, social health, and health education services. These services should comply with Louisiana's Early and Periodic Screening/Diagnosis and Treatment Program (EPSDT), KIDMED* requirements. Most primary care is performed on-site. Some services, based on local need and expertise, may be made available by referral, including appropriate follow-up. See Table 1 for a listing of the essential and preferred services.

* KIDMED is Louisiana's State EPSDT program. It is a federally mandated initiative to provide comprehensive preventive health care, diagnosis, treatment and follow-up to children who are eligible for Medicaid, up to the age of 21. It is designed to meet the Federal and State requirements for the Early and Periodic Screening, Diagnosis and Treatment program that was created by Title XIX of the Social Security Act.

1. Access to services

The comprehensive School-Based Health Center must be open and staffed during all school hours. School-Based Health Centers should be located in areas of need in the community and in schools of the greatest need.

The provider must ensure 24-hour access to services for School-Based Health Center users during non-school hours and vacation periods and ensure the continuity of care for School-Based Health Center users referred to other providers.

When providing services by referral, providers should offer as many options as possible. Follow-up must involve checking that the appointment was kept, that services met student's needs, and that the outcome of the referral, including relevant health care findings, is incorporated into the patient's medical record. If services are provided by referral, financial, geographical, and other barriers should be minimized.

2. Enrollment and parental consent

The provider, through cooperation with the participating schools, shall make parental consent forms available to all enrolling students for whom services will be available to obtain the written consent of the parent or legal guardian. If the individual receiving services is eighteen years of age or older or is an emancipated minor and is competent to give such consent, he/she can sign the consent.

3. Comprehensive health assessments

These components of a health assessment are required for every student enrolled in the School-Based Health Center:

Every child will have a health history submitted with the consent form that will be updated as needed. The health history will include the following:

1. Past and present medical and surgical history
2. Medications that the child is receiving
3. Any known allergies, particularly to medication
4. Mental health history and interventions
5. Family health history
6. Immunizations (unless this is provided through the school record)

Every child will have, at a minimum, the following:

1. Vitals: Initial height, weight and BMI (plotted on a growth chart), and blood pressure screening yearly (if the student is seen in the Health Center).
2. Review of the submitted health history (this is to be signed by the clinician who reviews it).

The components of an age-appropriate health assessment must meet KIDMED standards and include:

1. Reproductive assessment
2. Dental Screening
3. Health Education/Counseling
4. Hearing Screening
5. Hemoglobin/Hematocrit
6. Lead Screening questionnaire for children less than 6

7. Nutrition Assessment
8. Review of System/Physical Exam
9. Scoliosis Screening
10. Vision Screening
11. Risk Assessment and risk factors

If students are enrolled in a School-Based Health Center which is on a continuum (beginning with elementary school or middle school), the health assessments should be reviewed and updated as necessary when entering middle school and/or high school.

Health assessments as needed: Yearly for sports physicals, and for working papers, when requested.

More frequent comprehensive health assessments should be performed for children and adolescents with chronic or at-risk conditions who may need such visits.

4. Diagnosis and treatment of medical conditions

On-site diagnosis, treatment, and appropriate triage and referral mechanisms must be in place for:

- a. minor problems; and
- b. acute problems.

On-site routine management of chronic conditions (asthma, diabetes, etc.) is provided in consultation with child's primary care provider or specialist as appropriate and prescriptions are provided for:

- a. minor problems;
- b. acute problems; and
- c. chronic conditions.

5. Immunizations should be provided/verified as necessary as part of the comprehensive health assessment.

As resources permit and as local needs dictate, immunizations will also be made available for any student who needs them, with parental consent. The school nurse and/or health center nurse, based on collaborative agreement with school board, is responsible for monitoring students' compliance with the immunizations required by state law.

6. CLIA Waived Laboratory Testing

To perform CLIA Waived laboratory tests, a certificate of waiver is required.

Testing performed on-site should include but not be limited to:

- a. hematocrit/hemoglobin;
- b. urinalysis-dipstick or reagent;
- c. pregnancy tests (in adolescent centers);
- d. glucose; and
- e. rapid strep.

Specimens obtained and performed on-site or sent to qualified laboratory should include, but are not limited to:

- a. throat culture and culture of other infectious sites;
- b. microscopic urinalysis; and

- c. complete blood count with differential.

A system for promptly posting lab results should exist. Clinically significant lab results are flagged for follow-up.

7. Preventive services should be provided for high-risk behaviors and conditions, such as pregnancy, sexually transmitted diseases, drugs and alcohol abuse, injuries, and violence.

8. Health education/promotion

The School-Based Health Center provides health education for the students, their families, and Health Center staff, and where possible supports the provision of comprehensive health education in the classroom. Services include:

- a. one-on-one patient education, documented by patient chart;
- b. group/targeted education at the Center;
- c. family and community health education;
- d. health education for Health Center and school staff; and
- e. support for comprehensive health education in the classroom, provided in areas such as:
 - 1. substance use prevention/cessation;
 - 2. intentional and unintentional injury prevention;
 - 3. nutrition;
 - 4. social skills development;
 - 5. death and dying issues;
 - 6. physical and emotional development;
 - 7. conflict resolution;
 - 8. child abuse prevention;
 - 9. violence prevention;
 - 10. STD/HIV/AIDS prevention;
 - 11. relationships based on self-esteem, mutual respect;
 - 12. chronic conditions (i.e., asthma);
 - 13. general parenting skills;
 - 14. chronic disease prevention (smoking cessation/prevention, heart disease, osteoporosis); and
 - 15. dental health.

B. Facility Requirements

- 1. Space must be adequate to accommodate appropriate staff, to afford client verbal/physical privacy, and to allow for ease in performing necessary clerical, laboratory, and clinical activities.
- 2. For a School-Based Health Center with an enrollment of 700, approximately 2,000 square feet is required. The size of this space should be adjusted according to enrollment and changes in staffing. Space should include:
 - a. a minimum of one hand washing area which is easily accessible to all clinical areas;
 - b. a minimum of one exam room, and preferably 2 exam rooms per full-time provider;

- c. 1 counseling room/private area;
- d. 1 laboratory area;
- e. 1 patient bathroom;
- f. 1 waiting room;
- g. 1 storage room/area; and
- h. 1 clerical area.

The School-Based Health Center must be equipped with a private telephone line and access to fax machine capabilities.

V: Guidelines for School-Based Health Centers: Behavioral

A. Behavioral/Mental Health

The comprehensive School-Based Health Center provides behavioral health care in both individual and group settings, including assessment, treatment, referral, and crisis intervention. Services include:

- a. individual behavioral health assessment, treatment, and follow-up in areas including:
 - 1. abuse/neglect;
 - 2. suicide/homicide;
 - 3. alcohol/substance abuse;
 - 4. relationship problems (i.e., peer, parent, teacher, etc.);
 - 5. behavior/emotional problems; and
 - 6. academic problems.
- b. crisis intervention;
- c. linkage with community counseling; and
- d. short- and long-term counseling.

The following services must be made available on-site or by referral:

- a. group and family counseling; and
- b. further evaluation, treatment and or education.

B. Case management

Case management in the SBHC refers to a coordinated system of care. Case management includes a referral and follow-up system to assure completion of the plan of care, problem resolution and quality of care as well as staff assistance that enables patient access to needed services.

C. Team Conferencing (Formal SBHC Staffing)

Center personnel meet on a regularly scheduled basis (e.g., once a week, twice a month) to plan for selected patients' care.

D. Social services

The comprehensive School-Based Health Center provides initial assessments and referrals to social service agencies, as well as some on-site services. Services may include but are not limited to:

- a. social service assessment, referral, and follow-up for needs such as:
 - 1. basic needs (food, shelter, clothing);
 - 2. legal services;

- 3. public assistance;
 - 4. assistance with Medicaid/LaCHIP and other health insurance enrollment;
 - 5. employment services; and
 - 6. child care services.
- b. transportation arrangements to back-up facility or referral site.

E. Other services provided on-site or by referral include:

- a. dental care;
- b. nutrition services;
- c. specialty care; and
- d. well-child care of students' children.

TABLE 1.

SCHOOL-BASED HEALTH CENTER SERVICES							
TYPES OF SERVICE	High School		Middle School		Elementary School		Personnel Responsible
	Essential	Preferred	Essential	Preferred	Essential	Preferred	
MEDICAL SERVICES							
Comprehensive medical and psychosocial histories	Y		Y		Y		
Immunizations	Y		Y		Y		
Comprehensive physical examinations (EPSDT/KIDMED guidelines)	Y		Y		Y		
Developmental assessment	Y		Y		Y		
Assessment of educational achievement & attendance problems	Y		Y		Y		
Vision screening	Y		Y		Y		
Hearing screening	Y		Y		Y		
Dental screening	Y		Y		Y		
Referral for dental care	Y		Y		Y		
Dental care		Y		Y		Y	
Diagnosis/treatment of minor problems	Y		Y		Y		
Diagnosis/treatment of acute problems	Y		Y		Y		
Management of chronic problems	Y		Y		Y		
Prescription of meds. for minor problems	Y		Y		Y		
Prescription of meds. for acute problems	Y		Y		Y		
Prescription of meds. for chronic problems	Y		Y		Y		
Dispensing of meds. for minor problems	Y		Y		Y		
Dispensing of meds. for acute problems	Y		Y		Y		
Dispensing of meds. for chronic problems		Y		Y		Y	
CLIA waived Laboratory testing	Y		Y		Y		
Referral to medical specialty services	Y		Y		Y		
Twenty-four hour coverage	Y		Y		Y		
Referral for Gynecological/urological care	Y		Y		Y		
Gynecological/urological care		Y		Y		Y	
Pregnancy testing referral	Y		Y				
Pregnancy testing		Y		Y			
Referral for STD diagnosis & treatment	Y		Y		Y		
STD diagnosis & treatment		Y		Y		Y	
HIV testing & counseling		Y		Y		Y	

SCHOOL-BASED HEALTH CENTER SERVICES - continued

MEDICAL SERVICES - continued	High School		Middle School		Elementary School		Personnel Responsible
	Essential	Preferred	Essential	Preferred	Essential	Preferred	
Referral to HIV pre/post-test counseling	Y		Y		Y		
HIV/AIDS treatment		Y		Y		Y	
Referral for HIV/AIDS treatment	Y		Y		Y		
Case management	Y		Y		Y		
HEALTH EDUCATION PROMOTION							
One-on-one patient education	Y		Y		Y		
Group targeted education at Center (e.g. smoking cessation, teen parenting)	Y		Y		Y		
Family & community health education	Y		Y		Y		
Supplemental classroom presentations	Y		Y		Y		
Resource support for comprehensive health education	Y		Y		Y		
MENTAL HEALTH SERVICES							
Individual assessment, treatment, & follow-up	Y		Y		Y		
<input type="checkbox"/> Physical/sexual abuse ID & referral	Y		Y		Y		
<input type="checkbox"/> Physical/sexual abuse counseling		Y		Y		Y	
<input type="checkbox"/> Substance abuse assessment	Y		Y		Y		
<input type="checkbox"/> Substance abuse counseling		Y		Y		Y	
<input type="checkbox"/> Substance abuse referral	Y		Y		Y		
Group & family counseling	Y		Y		Y		
Crisis intervention	Y		Y		Y		
Mental health referral	Y		Y		Y		
Transportation		Y		Y		Y	
Case Management	Y		Y		Y		
Sample programs:							
<input type="checkbox"/> Conflict resolution skills							
<input type="checkbox"/> Anger management							
<input type="checkbox"/> Teen parents							
SOCIAL SERVICES							
Social service assessment	Y		Y		Y		
Referrals to and follow-up with social service & other agencies for assistance	Y		Y		Y		
Case management	Y		Y		Y		
Transportation		Y		Y		Y	

**DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
ADOLESCENT AND SCHOOL HEALTH INITIATIVE**

SUBJECT: RN Clinical Guideline topics for all Louisiana School-Based Health Centers

PURPOSE: To provide a list of topics for which Louisiana School-Based Health Centers should have written RN Clinical Guidelines. All of the following topics should be addressed in the RN Clinical Guidelines. However, it is not necessary to write individual guidelines for each topic provided that each topic is covered in some guideline. For example, sites may have one guideline for musculoskeletal conditions that include fractures, dislocations, and sprains.

DATE: 10/2/00

RN CLINICAL GUIDELINES (Topics to be covered)

Abdominal Pain and Injury	Hives (Urticaria)
Abrasions/Lacerations/Wounds	Hypertension
Acne	Impetigo
Anaphylaxis	Ingrown Toenail
Anemia (Iron Deficiency)	Lice (Head)-Pediculosis Capitis
Asthma Management/Emergencies	Menstrual Disorders
Back and Neck Injuries	Nosebleed
Bites: Animal and Human	Pink Eye or Conjunctivitis
Boils/Blisters	Poison Ivy/Oak-Contact Dermatitis
Burns	Pregnancy
Canker Sore	Rashes
Chest Pain/Injury	Ringworm of Scalp (Tinea Capitis)
Chickenpox	Ringworm (Tinea Corporis)
Child Abuse	Scabies
Choking-Asphyxiation	Seizures-Epilepsy
Common Cold/Allergic Rhinitis	Sexually Transmitted Diseases (Interested parties should contact ASHI for a series of specific guidelines from the Parish Health Units)
Dental Emergencies	Skin Infection
Diabetic Emergencies	Sore Throat
Diarrhea	Insect Bites (Including Spider Bites)
Dietary Surveillance (e.g., obesity)	Sprain of Ankle or Knee
Drug Overdose	Sting Allergies (Bee, Wasp)
Eczema	Sty
Eye Injury (Including Chemical)/Eye Trauma	Suicide/Depression
Fainting (Syncope)	Sun Exposure (Heat Related Illnesses)
Fever	Vomiting/Nausea
Fifth Disease	Wart
Foreign Bodies: Eye, Ear (Including Ear Wax), Nose	Wrist Pain
Fractures/Dislocation	
Headache(s) (Includes Migraine)	
Head Injury	
Herpes Simplex-Oral	

**DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
ADOLESCENT AND SCHOOL HEALTH INITIATIVE**

SUBJECT: Emergency kit to be kept at all Louisiana School-Based Health Centers

PURPOSE: To present a policy for an emergency kit to be kept at all Louisiana School-Based Health Centers that would enable them to provide pre-hospital care for various emergencies.

POLICY STATEMENT: Louisiana School-Based Health Centers need to be prepared to handle emergencies that may occur. The emergency kit contents are listed below.

DATE: 6/4/02

Revised: 6/3/03

EMERGENCY KIT CONTENTS:

Required items

Latex and non-latex gloves, several sizes
Masks with eye protection (fluid shield)
Alcohol swabs
Water soluble lubricant
4x4 gauze pads
Tape
Scissors
Oral airways, various sizes (adult, pediatric)
AMBU bag or bag-valve-mask, adult and pediatric
CPR mouth-to-mask resuscitator
Benadryl 50mg/ml for injection
Syringes (TB, 3,5,10 ml)
Needles (1 and 1 1/2 in., 21 and 23 gauge)
Epinephrine 1:1000 for injection
Epi-pen (this item is optional if you have epinephrine, syringes and needles)

Required items in the SBHC

(but not necessarily in the emergency kit)

Albuterol metered dose inhaler with spacer and/or albuterol for nebulization and nebulizer
Oxygen tank, nasal cannula, and masks (portable, not in kit but able to go with kit)
Portable suction device (not in kit but able to go with kit)
Penlight, stethoscope, blood pressure cuff (adult and pediatric)
Benadryl PO
Glucose oral tab or sugar equivalent (i.e., orange juice or graham cracker) (Will need standing order for glucose administration.)
Accu-check

Emergency phone numbers: Closest EMS and Emergency Room, Poison Control Center.

**DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
ADOLESCENT AND SCHOOL HEALTH INITIATIVE**

To: All SBHC Staff

From: OPH-ASHI

Date: June 4, 2002

RE: Optional emergency kit items

The Medical Subcommittee developed the following list of supplies that are considered optional when used by trained and experienced personnel in an emergency.

ABD pads	Extremity splints, various sizes
Elastic bandages	Spine board, adult and pediatric
Kerlix	Pulse-oximeter
Multiple trauma dressings	Automated External Defibrillator
Tourniquets, latex and non-latex	Normal saline, Dextrose 51/2 IV solutions
IV starter kits	D50 ampules
Angiocaths (18,20,22,24 gauge)	Activated charcoal
Butterflies (23 gauge)	Atropine sulfate 0.4mg/ml for injection
Infusion sets and tubing	OB Kit/Neonatal Kit Intubation equipment
Occlusive dressing (vaseline gauze)	(laryngoscopes, endotracheal tubes, stylets)
Burn blanket or emergency blanket (warm)	Other anti-arrhythmic drugs (bretylium, calcium-
Nasal airways, various sizes (adult, pediatric)	channel blocker, beta-blocker)
Nasogastric tubes (6-16 french)	EKG machine, monitor
Rigid cervical collars (pediatric and adult sizes)	Needle cricothyroidotomy kit
	Tooth kit

(Optional according to personnel level of training and experience and location/proximity to EMS.)